

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101626, 914 FILING DATE 7.25.03
 APPLICANT(S) _____

7.25.03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	23					
TOTAL DEP.	3					
TOTAL CLAIMS	67					

40
18
62